Wisconsin Department of Public Instruction
REACh APPLICATION/PLAN
Responsive Education for All Children (REACh)
20 U.S.C. 1400 et. seq.
PI-9755 (Rev. 06-06)

An application is available for downloading at:
http://dpi.wi.gov/reach/adm-appl.html

INSTRUCTIONS: Retain one (1) copy for your files. Submit one (1) copy via email to dpireach@dpi.state.wi.us and mail pages one through four, with signatures, to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: Paula Volpiansky, REACh Director
DIVISION FOR LEARNING SUPPORT: EQUITY AND ADVOCACY
SPECIAL EDUCATION TEAM
PO BOX 7841
MADISON, WI 53707-7841

For DPI Use	Contact Person	Date Finalized *Mo/Day/Yr*	Grant Award	Date Received	Project No. *12-digit no.*

I. PROJECT IDENTIFICATION

Administering/Fiscal Agency	Address *Street City, ZIP*	CESA(s)	No. of Participating Districts	FY **2007**

Administering/Fiscal Agency Contact	Contact Telephone *Area/No.*	Contact Email Address

Grant Type *Check One*
☐ District CIFMS
☐ District Incentive
☐ Consortium (multi-district)
☐ Mentor Only
☐ EOCA Transition

Has the district been identified as having significant disproportionality?
☐ Yes
☐ No

Will 15% IDEA EIS funds be used to support the projects?
☐ Yes
☐ No

Project Title	Total REACh Project Request

Project Director	Project Director Telephone *Area/No.*	Project Director Fax *Area/No.*

Project Director's Address *Street, City, Zip*	Project Director Email Address

II. ASSURANCES

Each participating public educational agency must ensure that all programs for children will be operated in compliance with all applicable state and federal statutes, rules, and regulations. Following are some federal requirements which must be adhered to in the provision of programs and services to children with disabilities. References are to the federal regulations at 34 CFR, Part 300, unless otherwise specified.

Child Identification (300.220 and .125)
Confidentiality (300.220 and .127 and 300.560-577)
Copyrights (34 CFR 80.34)
CSPD—see Personnel below
Debarment and Suspension (34 CFR 85)
Due Process Procedures (300.220 and .129 and 300.500-529)
Evaluation/Eligibility (300.530-543)
Excess Costs—see Use of Amounts below
Expenditures (300.453)
Family Educational Rights and Privacy Act (34 CFR 99)
Full Educational Opportunity Goal (300.220 and 300.123)

Individualized Education Program (300.220; 300.128, and 300.340-51)
Information for SEA (300.240)
LEA Eligibility—General (300.180-197)
LEA Eligibility—Specific Conditions (300.220-250) requires consistency with all SEA policies under 300.121-156
Least Restrictive Environment (300.220 and .130; 300.550-554)
Maintenance of Effort (300.231)
Nonsupplanting—see Use of Amounts below
Participation of Private School Children (300.450-462)
Personnel/CSPD (300.221; 300.135; 300.380-81)
Use of Amounts/Excess Costs/Nonsupplanting (300.184-185 and .230)

To meet the requirements of Wisconsin Statutes, Chapter 115.77(4), I further assure that all staff, not just staff paid from IDEA project funds, are appropriately certified including those hired after the third Friday in September.

Each funded project will be asked to complete an annual survey and collect ongoing data on priority student outcomes for the duration of funding. Please be aware that the department will request specific data be provided as part of statewide evaluation of the project. Funded projects will be asked to provide baseline data at the beginning of the project.

Each funded grantee will involve the assigned mentor in the implementation of the project. Evaluations of mentors will be completed and submitted.

III. CERTIFICATION

I HEREBY CERTIFY that I have made a diligent and good faith effort to ascertain the completeness and accuracy of the information and representations made in this application and that, to the best of my knowledge, all such information and representations are complete and accurate; that, on behalf of the participating public educational agencies, all state and federal statutes, rules, and regulations governing programming for children with disabilities will be complied with; that the participating public agencies have adopted forms to implement IDEA 2004, section 614, *Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements*, and section 615(k), *Placement in Alternative Educational Setting;* that I have the legal authority to apply for and receive funds under IDEA, and that I have been authorized by the participating public educational agencies to do so on their behalf; and that programs and services for which monies are being sought will be administered by or under the supervision of the participating public educational agencies.

I FURTHER CERTIFY that each participating public educational agency has submitted to the Wisconsin Department of Public Instruction a Special Education Plan that documents its compliance with all applicable state and federal statutes, rules, and regulations.

Chief Officer of Administering/Fiscal Agency	Signature ➢	Date *Mo/Day/Yr*

IV. CERTIFICATION AND ENTITLEMENT

Each of the undersigned certifies that to the best of his/her knowledge the information contained in this application is complete and accurate, that the public educational agency they represent has authorized them to file this application and to give the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations, and that the operating agency designated on page one is authorized to administer this project.

a. Individual Participating LEAs *List Each Individual LEA*	b. Signature of District Administrator	c. Date
1.	➤	
2.	➤	
3.	➤	
4.	➤	
5.	➤	
6.	➤	
7.	➤	
8.	➤	
9.	➤	
10.	➤	
11.	➤	
12.	➤	
13.	➤	
14.	➤	
15.	➤	
16.	➤	
17.	➤	
18.	➤	
19.	➤	
20.	➤	
21.	➤	
22.	➤	
23.	➤	
24.	➤	
25.	➤	
26.	➤	
27.	➤	
28.	➤	

IV. CERTIFICATION AND ENTITLEMENT (cont.)

Must be submitted for discretionary projects only. However, agencies receiving funds under any of the other grant programs must collect this certificate whenever they enter into a covered transaction with a grantee. (Refer to instructions below for more information.)

Certification Regarding

Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, *Federal Register* (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to whom this proposal is submitted.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

LEA/Agency/Company Name

Name and Title of Authorized Representative

Signature	Date
➤	

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, Check the Nonprocurement List (202-786-0688).

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

V. SCHOOLS PARTICIPATING IN REACh INITIATIVE EFFORTS

List individual schools that will be participating in this project. Identify the REACh Initiative contact for each school building. **Identify district if other than the fiscal agent.**

1. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
2. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
3. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
4. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
5. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
6. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
7. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
8. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
9. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
10. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
11. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
12. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
13. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
14. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
15. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
16. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
17. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
18. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
19. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
20. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
21. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address
22. School Building	REACh Initiative Building Contact / Title	Contact Telephone *Area/No.*	Contact E-mail Address

VI. REACh PROJECT LEARDERSHIP TEAM

The REACh Initiative Project Leadership Team must include at least one participating building principal, a special education administrator (or designee), and teacher representation from across participating schools including at least one reading specialist, two general educators, two special educators, one pupil services staff, and two parents who are not employed by the district. The team may also include other individuals. You are encouraged to use an existing district committee that includes the required individuals. Team members listed have agreed to facilitate the implementation and evaluation of project activities. **Funded projects will be required to have a school-wide Building Leadership Team for each participating school building. The Building Leadership Team will assist in coordinating and evaluating REACh activities at the building level.**

Member Type	Name	Title / LEA Affiliation
Building Principal		
Special Education Administrator		
Reading Specialist		
General Education Teacher		
General Education Teacher		
Special Education Teacher		
Special Education Teacher		
Pupil Service Staff		
Parent		
Parent		
Other		
Other		
Other		

VII. DISCRETIONARY PROJECT NARRATIVE

For each item listed in the Narrative Section of this application, provide a written description of how each item will be addressed in the space provided. Responses should be concise. For each item, specify when differences exist among participating schools requiring differentiated activities. The project narrative must not exceed 10 pages.

1. Needs Statement and Prioritization

   A. Needs Statement
   The Needs Statement is to identify the challenges and barriers the REACh grant will address. To assist in identifying need, complete and attach the REACh Self-Assessment (Attachment A). Consortium Applicants—complete a self-assessment for each district. Needs must be substantiated by data. Data may include special education prevalence; special education referrals; special education eligibility and placement; number of special education reevaluations conducted and number/percent resulting in continued eligibility; WKCE data; progress monitoring data; behavioral data; achievement gaps; staff/parent survey data; school climate data; or any other relevant data that supports the need. Based on an analysis of local data and the REACh Self-Assessment tool, summarize the data and how it clearly supports the need for REACh funding and has led to the selection of one or more of the priority needs identified in "1.B." The Needs Statement must document your eligibility for funding category.

   B. Prioritization
   Each applicant must choose either a reading prioritization or math prioritization to be addressed in the Action Plan. In addition, applicants may choose additional prioritizations based on their documented need.
   i. Applicants must select at least one of the following *Check all that apply*
       ☐ Improve reading achievement   ☐ Improve math achievement

   ii. Applicants may select one or more of the following Check all that apply
       ☐ Reduce behavioral, social, or emotional concerns and disciplinary actions
       ☐ Reduce achievement gaps between students with and without disabilities
       ☐ Reduce achievement gaps between students of color and white students
       ☐ Reduce graduation gap between students with and without disabilities
       ☐ Reduce disproportionate special education identification of students of color
       ☐ Increase capacity of all teachers to address the needs of students at risk for failure
       ☐ Increase the number of families meaningfully participating in the problem-solving process
       ☐ Other
       ☐ Other
       ☐ Other

2. Action Plan—Enhancement to Student Options and System Supports

   A. Enhancements to Student Options
   Describe the plan for enhancing current instructional options that will lead to improved achievement for all students, including students who are most likely to or who already have developed a pattern of failure. There should be a direct link to the needs identified in "1.A." Specify how, if at all, the plans for individual schools will vary.
   i. Research or Evidence Based Prevention and Intervention Options
       (a) Briefly describe existing options that support the achievement of all students and how enhanced multi-tier (universal, selected and targeted) instructional and progress monitoring options will address priority needs (reading, math and social emotional and behavioral). Complete an Instructional Options Checklist (Attachment B) for Reading, Math, and Social Emotional and Behavior for the high school, middle school, and elementary school level if applicable. Clarify if certain options will only be used in specific grades or schools.

       (b) For "other" options on the Instructional Options Checklist (Attachment B), provide a brief summary of the research or evidence base, including but not limited to peer reviewed research, which clearly supports the use of the proposed options. References to government sponsored websites such as the What Works Clearinghouse (http://www.w-w-c.org/) are acceptable.

   ii. Measurable Outcomes
       (a) List (in the table provided) the screening and progress monitoring tools that will be used to measure indicators, identify risk levels, and evaluate the degree to which students are benefiting from universal, selected and targeted options. List all screening and monitoring tools that will be used by schools participating in the project and at which level they will be used (high school, middle school, elementary, all).

VII. DISCRETIONARY PROJECT NARRATIVE

List the screening and progress monitoring tools that will be used to measure indicators, identify risk levels, and evaluate the degree to which students are benefiting from universal, selected and targeted options. List all screening and monitoring tools that will be used by schools participating in the project and at which level they will be used (high school, middle school, elementary, all).

SCREENING AND PROGRESS MONITORING TOOLS

Priority Area	Progress Monitoring of *Universal* Options / Level	Progress Monitoring of *Selected* Options / Level	Progress Monitoring of *Targeted* Options / Level
Reading			
Math			
Social-Emotional and Behavioral			

(b)   In the table provided, identify outcomes measured by progress monitoring data to quantify the effectiveness of the intervention options chosen for each priority selected in "1.B." i.e., what specific indicators will demonstrate that students have achieved expectations as a result of project activities. **Identify measurable outcomes only for those priorities selected in 1.B. Specify differentiated outcomes by grade levels (see example).**

Priority	Measurable Outcome
EXAMPLE: Reduce achievement gaps (reading) between students with and without disabilities	*EXAMPLE: There will be a 33% increase in the number of students with disabilities meeting grade level reading fluency benchmarks* *gr 1 - 60 Words correct per minute (WPM) at text level 4* *gr. 2 - 100 WPM at text level 7, etc.*
Reduce behavioral, social, or emotional concerns and disciplinary actions	
Reduce achievement gaps between students with and without disabilities	
Reduce achievement gaps between students of color and white students	
Reduce graduation gaps between students with and without disabilities	
Reduce disproportionate special education identification of students of color	
Increase capacity of all teachers to address the needs of students at risk for failure	
Increase the number of families meaningfully participating in the problem-solving process	
Other	
Other	
Other	

(c)   Decision-Making Rubric: Describe how data collected at the universal level (e.g. universal screening and progress monitoring) will allow for the identification of students who are most likely to need selected or targeted options to supplement universal instruction. Describe how progress monitoring of selected and targeted options will differ in frequency or scope from universal screening and progress monitoring. Include the following in your response:

(1)   How frequently will universal screening and progress monitoring occur?

(2)   How frequently will progress monitoring occur for students receiving selected and targeted options?

(3)   How will screening and progress monitoring data be used to determine whether options being provided are effective in helping students meet the standards that apply to all students?

VII. DISCRETIONARY PROJECT NARRATIVE

iii. Achievement of Students with Disabilities

(a) Describe strategies and methods that will be used to reduce barriers to learning including use of supplemental aids and services, including assistive technology and accommodations, to improve access of students with disabilities to the general education curriculum.

(b) Identify how explicit skill instruction, explicit strategy instruction and generalization training will be used to enhance learning opportunities for students with disabilities and help them gain skills needed to participate independently in the general education curriculum and demonstrate the standards that apply to all students in the same grade.

(c) Describe how students with disabilities will participate in universal program options including instruction, screening, and progress monitoring activities. If some students will not participate in universal options, identify criteria used to determine why students cannot participate in any part of the general education curriculum or assessment with their peers.

iv. Identify who will **implement** enhanced options during the grant year by checking all applicable categories:

☐ general education classroom teachers   ☐ guidance counselors   ☐ school social worker
☐ reading teachers/reading specialists   ☐ school psychologists   ☐ parents
☐ special education teachers   ☐ other _____   ☐ other _____

(a) Does this reflect the expectation that all staff in participating schools will be expected to implement enhanced instructional options with students?   ☐ Yes   ☐ No If no is selected, briefly explain rational:

B. Enhancements to System Supports

Describe how the LEA(s) will ensure participating school communities are provided with the capacity, processes and skills, data based decision making and other resources needed to implement student options and sustain overall REACh goals and the local priorities identified in 1.B. Your response should briefly describe how participating schools will provide high quality technical support for staff and others involved in implementing REACh activities. Professional development and support should be consistent with implementing the Wisconsin Model Academic Standards and your district's academic standards.

i. Describe the support for this initiative by school faculty, administrators, staff, and parents/community.

(a) Include information about the person(s) who will be coordinating the project.

(b) Provide evidence that school staff are well informed about and support implementation of the action plan.

(c) Briefly describe how the school administrators and the REACh Leadership Team will insure that adequate time and support, including technological support, is provided to implement and evaluate project activities and for making necessary adjustments to address emerging needs. Briefly describe how the differing needs of individual schools will be addressed.

ii. Identify on-going professional development activities to improve staff and family skills in implementing enhanced instructional practices.

iii. Identify and describe on-going activities intended to provide an opportunity for staff and/or families to participate in collaborative curriculum development, data based decision-making and program evaluation activities, including how special and general educators will collaborate to enhance the success of students with disabilities across the curriculum.

iv. Identify the types of staff who will be involved in on-going **professional development**.

☐ general education classroom teachers   ☐ guidance counselors   ☐ school social worker
☐ reading teachers/reading specialists   ☐ school psychologists   ☐ parents
☐ special education teachers   ☐ other _____   ☐ other _____

	VII. DISCRETIONARY PROJECT NARRATIVE	

3. Task-Timeline Summary

A. List the major activities that support REACh Initiative goals. Describe each activity in terms of **what is being done** and **how the activity will be conducted**. Activity descriptions are to be specific and about four to six sentences in length. Make it clear **why the activity is necessary** for supporting your chosen priority. For each activity, list the position title(s) of the person(s) responsible for conducting each activity. Describe the start and end dates for each activity. If it is an ongoing activity, label it "Continuing throughout the school year."

Timeline	Activities and Services	Person(s) Responsible
	1. Implementation of enhanced prevention and intervention options with students	
	2. Screening and ongoing progress monitoring to identify risk and measure student response to instruction and intervention options	
	3. System Supports: professional development, technical support, collaboration, and family involvement needed to implement enhanced options for students	

4. Program Evaluation

A. Action Plan Evaluation

Describe how the activities will be evaluated so that the actual measurable outcomes can be compared to the planned measurable outcomes (Section VII, 2.A.ii-b), and so that the **effectiveness** of the activities in **achieving** the selected priorities (2.B) can be determined. Describe how the evaluation will allow the applicant to identify what activities need to be modified, replaced, or dropped in order to achieve, or improve the planned measurable outcomes. In your response, address the following:

- Specify how baseline and follow-up data will be used to evaluate student outcomes in relation to the enhancements implemented.
- Specify how you will evaluate the effect of other project activities (including professional development) on changes in instruction or student outcomes.
- Describe how project data will be maintained.
- Describe how data will be analyzed and used to plan for subsequent educational enhancements.

5. Utilization of Resources

Explain how financial resources will be used to address selected priorities. REACh grant monies may only be used for professional development, release time for collaboration among staff, and staff and parents for developing, implementing, and evaluating enhanced instruction. No local staff positions, noncapital objects such as instructional materials, or capital objects such as computers, furniture, or equipment may be funded with REACh monies.

i. Describe how school(s) will use other resources, i.e., federal, state, local, and private to coordinate services to support and sustain the REACh Initiative.

ii. Provide the rationale for your REACh budget. Describe how each of the action plan and evaluation components will be supported. Identify how resources will be allocated to participating school(s). There should be a clear link between project activities and the budget request.

VIII. FISCAL AGENT POLICY

In cooperation with CESAs, school districts, and department staff, DPI's School Financial Services Team has developed a fiscal agent policy. This policy is intended to promote uniformity in procedures and to clarify responsibilities for programs in which a fiscal agent is involved. A fiscal agent is an entity such as a school district or CESA, which is responsible for the administration of a grant or cooperative. The fiscal agent is responsible for the establishment and maintenance of revenue and expenditure accounting records and for the filing of associated reports to the department and cooperative participants. The policy applies to federal and state grant consortia and "66.0301" formerly "66.30" cooperative agreements.

The policy establishes three levels of documentation for expenditures to be used as necessary to meet fiscal and compliance audit requirements. The fiscal agent should consult with its external auditor as to the documentation necessary to meet audit requirements when developing the fiscal agent agreement.

This policy is available under "Accounting Issues and Coding Examples" then "Fiscal Agent Requirements" at http://dpi.wi.gov/sfs/wufar.html.
Questions can be directed to Dennis Hanson, DPI School Financial Services Team, (608) 267-9212.

IX. FINANCIAL MANAGEMENT HANDBOOK

The *Financial Management Handbook for Federal and State Grant Programs* provides a reference to the fiscal requirements and procedures necessary for sound financial management of the DPI-administered grant programs. It is intended to assist grant recipients in the proper disbursement, accounting, and accountability for federal and state funds as prescribed by law. The Financial Management Handbook is available as an electronic publication at the following link: http://dpi.wi.gov/sms/handbook.html.

The Financial Management Handbook web version attempts to cover the topics that generate some of the most frequently asked questions and is not intended to be a complete guide or resource of all federal and state grant laws, rules, and policy. For more information about the Financial Management Handbook, contact Bob Sainsbury, Grants Supervisor, (608) 266-2428.

X. BUDGET DETAIL

Date *Include new date each time revisions are submitted*	Fiscal Agency	Project No. *For Revisions Only*

A. Personnel Summary (100's-200's)

All special education instructional, related services and/or leadership personnel must hold the appropriate license.
List all employees to be paid from this project. Do not include contracted personnel employed by other agencies in this section.

1. WUFAR **Function Code** (Indicate for each position listed)	2. Name and Social Security Number*	3. DPI Cert. Code	4. Position Held	5. Project FTE	6. $'s Project Salary	Fringe	7. $'s State/Local	8. $'s Other	9. Salary & Fringe Total
			Total Salary & Fringe**		$0	$0			

* SSN required for certifiable positions only, and will not be released without written permission.
** **All project totals must equal salary and fringe totals on budget summary page.**

	XI. BUDGET DETAIL (cont.)	
Date *Include new date each time revisions are submitted*	Fiscal Agency	Project No. *For Revisions Only*

B. Purchased Services Summary (300s)

1. WUFAR **Function Code**	2. Type of Service Purchased	3. Agency Name	or	Individual's Name	4. Cost
		Total (must agree with totals on Budget Summary)			$0

	XI. BUDGET DETAIL (cont.)	
Date *Include new date each time revisions are submitted*	Fiscal Agency	Project No. *For Revisions Only*

C. Capital Objects Summary (500's)

1. WUFAR Code **Function** (Indicate for each item listed on right)	2. Quantity	3. Item Name *Include all items budgeted under* *Capital Objects classification, including rentals.*	4. Costs
		Total Cost (Must agree with capital objects total on Budget Summary)	$0

XII. BUDGET INFORMATION REACh INITIATIVE

Budget Revisions: When requesting a budget revision, submit a photocopy of the original approved copy of this page, with appropriate revisions included. Provide budget detail as needed to explain revisions. Approval costs are for REACh requested funds only. **Other federal and local funds are supplementary to the overall program costs.**

Function	Object	IDEA Discretionary Funds (REACh Initiative)	Budget Revision
Administration	Salaries		
	Fringes		
	Purchased Services *Itemize in Section XIII.*		
	Non-Capital Objects		
	Insurance & Judgments		
	TOTAL Administration	$0	$0
Instruction	Salaries		
	Fringes		
	Purchased Services *Itemize in Section XIII.*		
	Non-Capital Objects		
	TOTAL Instruction	$0	$0
Other Support Services	Salaries		
	Fringes		
	Purchased Services *Itemize in Section XIII.*		
	Non-Capital Objects		
	TOTAL Support Services	$0	$0
	TOTAL BUDGET	$0	$0

For DPI Use	*Total REACh Funds Approved*	Initial Submission	Date Approved
		Budget Revision	Date Approved

XIII. PURCHASED SERVICES

A. Item Name *Includes all items budgeted under Purchased Services Classification, e.g., consultant, travel, postage, printing, telephone.*	**B. Unit Cost**	**C. Total Cost**

XIV. ATTACHMENT A

The following pages are **not fill-enabled** to allow for use in listing additional schools (for consortium applications, complete a separate Attachment A and Attachment B for each participating district). Use a "point and click" rather than a tab routine for completion of these attachments.

Responsive Education for All Children (REACh)
Self Assessment

District:

Rate your schools' current status of implementation of key components (EOCA Framework) associated with schools that have enhanced outcomes for all students by putting a check in the corresponding boxes next to each item below. Use the following rating scale:

1. Not present in our school(s)
2. Planned but not yet implemented
3. Implemented but not yet well established (not universally utilized)
4. Implementation well established (universally utilized)

This self-assessment should reflect the collective view of your school community. It is highly recommended that you administer this as a survey or complete it as a collaborative activity.	1 not present	2 planned	3 beginning implementation	4 well established
1. Commitment to the **vision** that all students can succeed and that failure can almost always be prevented	☐	☐	☐	☐
2. Strategies for administrative **leadership** and support	☐	☐	☐	☐
3. An environment of **collaboration** at all levels of decision-making and planning including structures and schedules that support collaboration for data based decision-making for instructional enhancement such as professional learning communities	☐	☐	☐	☐
4. **Resource** mapping systematically used as a planning tool to identify existing and potential resources to facilitate student success	☐	☐	☐	☐
5. On-going evaluation and **data-based decision making** for continuous improvement	☐	☐	☐	☐
6. **Research or Evidence-based strategies** consistently used to address diverse learning and behavioral needs. The school has a coordinated model for providing evidence-based Universal, Selected and Targeted options to address a wide range of student needs	☐	☐	☐	☐
7. Consistent procedures for universal **screening** and ongoing **monitoring of each student's progress** toward meeting local benchmarks and for **identifying potential risk and areas of student needs**	☐	☐	☐	☐

8. A collaborative problem-solving process for **addressing the needs of individual students** that includes a common set of procedures including the following:
 	
  a. **Clarify and Define the Concern**—Clearly and specifically define the student concern including the discrepancy between what is desired and what is occurring.
 	
  b. **Analyze**—Conduct an analysis of factors related to the concern- why the concern exists. Use student data to identify skill and performance difficulties. Identify prior and potential evidence-based interventions. Analyze curricular, environment, and student factors.
 	
  c. **Develop a Plan**—Develop an individual intervention plan based directly on analysis. Select or develop evidence-based intervention strategies and indicators of student progress to measure response to intervention. Identify necessary supports for staff and families and set implementation timeline.
 	
  d. **Monitor-Evaluate-Revise**—Monitor student progress, evaluate response to intervention, document results, apply decision-making rubrics, revise prevention and intervention options as needed.
	☐	☐	☐	☐

9. Ongoing **professional development** and **support** for staff and families directly related to priority needs for enhancing student outcomes	☐	☐	☐	☐
10. **Parent** and **community involvement** in the development and implementation of efforts	☐	☐	☐	☐

XV. ATTACHMENT B

The following pages are **not fill-enabled** to allow for use in listing additional schools (for consortium applications, complete a separate Attachment A and Attachment B for each participating district). Use a "point and click" rather than a tab routine for completion of these attachments.

INSTRUCTIONAL OPTIONS CHECK LIST

Universal Program (Core Literacy Programs). *Check instructional program(s) implemented with **all** students participating in the general education reading curriculum at one or more grade levels. Check (✓) all applicable school levels.*

Type of Literacy Option	High School	Middle School	Elementary School
☐ Harcourt *Indicate Series/Year:*	☐	☐	☐
☐ Houghton-Mifflin *Indicate Series/Year:*	☐	☐	☐
☐ Macmillan/McGraw Hill *Indicate Series/Year:*	☐	☐	☐
☐ McGraw Hill's Open Court	☐	☐	☐
☐ McGraw Hill—Breakthrough to Literacy	☐	☐	☐
☐ Scott Foresman *Indicate Series/Year:*	☐	☐	☐
☐ Success for All	☐	☐	☐
☐ Wright Group	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐

Selected Programs (Supplemental Small Group Literacy Programs). *Specify instructional programs implemented with **some** students that are supplemental to the Core Program. Check all applicable school levels*

Literacy Programs	HS	MS	EL	Literacy Programs	HS	MS	EL
☐ Book Buddies	☐	☐	☐	☐ Rigby Literacy	☐	☐	☐
☐ Breakthrough to Literacy	☐	☐	☐	☐ Scott Foresman Intervention	☐	☐	☐
☐ Collaborative Strategic Reading	☐	☐	☐	☐ Saxony Phonics	☐	☐	☐
☐ Early Intervention in Reading	☐	☐	☐	☐ Six-Traits Writing	☐	☐	☐
☐ Early Steps	☐	☐	☐	☐ SOAR to Success	☐	☐	☐
☐ Early Success	☐	☐	☐	☐ SRA Reading Mastery	☐	☐	☐
☐ Earobics	☐	☐	☐	☐ SRA Corrective Reading	☐	☐	☐
☐ Fast ForWord	☐	☐	☐	☐ Success for All	☐	☐	☐
☐ First Steps	☐	☐	☐	☐ Waterford Early Reading	☐	☐	☐
☐ Harcourt Trophies Intervention	☐	☐	☐	☐ Wright Group	☐	☐	☐
☐ Hosts	☐	☐	☐	☐ Writer's Workshop	☐	☐	☐
☐ Junior Great Books	☐	☐	☐	☐ Voyager Literacy System	☐	☐	☐
☐ Lexia Phonics	☐	☐	☐	☐ Other *Specify*	☐	☐	☐
☐ Lightspan	☐	☐	☐	☐ Other *Specify*	☐	☐	☐
☐ Read 180	☐	☐	☐	☐ Other *Specify*	☐	☐	☐
☐ Reading Recovery	☐	☐	☐	☐ Other *Specify*	☐	☐	☐
☐ Reader's Theater	☐	☐	☐	☐ Other *Specify*	☐	☐	☐

Targeted Programs (Individualized Group Literacy Options). *Specify instructional programs implemented with **individual** students that are supplemental to the Core Program. Check all applicable school levels.*

Literacy Programs	HS	MS	EL	Literacy Programs	HS	MS	EL
☐ Book Buddies	☐	☐	☐	☐ Rigby Literacy	☐	☐	☐
☐ Breakthrough to Literacy	☐	☐	☐	☐ Scott Foresman Intervention	☐	☐	☐
☐ Collaborative Strategic Reading	☐	☐	☐	☐ Saxony Phonics	☐	☐	☐
☐ Early Intervention in Reading	☐	☐	☐	☐ Six-Traits Writing	☐	☐	☐
☐ Early Steps	☐	☐	☐	☐ SOAR to Success	☐	☐	☐
☐ Early Success	☐	☐	☐	☐ SRA Reading Mastery	☐	☐	☐
☐ Earobics	☐	☐	☐	☐ SRA Corrective Reading	☐	☐	☐
☐ Fast ForWord	☐	☐	☐	☐ Success for All	☐	☐	☐
☐ First Steps	☐	☐	☐	☐ Waterford Early Reading	☐	☐	☐
☐ Harcourt Trophies Intervention	☐	☐	☐	☐ Wright Group	☐	☐	☐
☐ Hosts	☐	☐	☐	☐ Writer's Workshop	☐	☐	☐
☐ Junior Great Books	☐	☐	☐	☐ Voyager Literacy System	☐	☐	☐
☐ Lexia Phonics	☐	☐	☐	☐ Reader's Theater	☐	☐	☐
☐ Lightspan	☐	☐	☐	☐ Other *Specify*	☐	☐	☐
☐ Read 180	☐	☐	☐	☐ Other *Specify*	☐	☐	☐
☐ Reading Recovery	☐	☐	☐	☐ Other *Specify*	☐	☐	☐

XV. ATTACHMENT B

MATH OPTIONS CHECK LIST

Universal Program (Core Math Programs). *Note instructional program(s) implemented with **all** students participating in the general education math curriculum at one or more grade levels. Specify series Name/Year as appropriate. Check all applicable school levels.*

Options	High School	Middle School	Elementary School
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐

Selected (Math Programs). *Specify instructional programs implemented with **some** students that are supplemental to the Core Program. Check all applicable school levels.*

Options	High School	Middle School	Elementary School
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐

Targeted (Supplemental Small Group Math Programs). *Specify instructional interventions implemented with **individual** students that are supplemental to the Core Program. Check all applicable school levels.*

Options	High School	Middle School	Elementary School
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐

SOCIAL EMOTIONAL AND BEHAVIOR OPTIONS CHECK LIST

Universal Program (Core Social Emotional and Behavior Programs). *Note instructional program(s) implemented with **all** students participating in the general education curriculum at one or more grade levels. Check all applicable school levels.*

Options	High School	Middle School	Elementary School
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐

Selected (Supplemental Social Emotional and Behavior Programs). *Specify supplemental instructional programs or other supportive interventions implemented with **some** students. Check all applicable school levels.*

Options	High School	Middle School	Elementary School
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐

Targeted (Individualized Social Emotional and Behavior Programs). *Specify evidence based interventions implemented with **individual** students. Check all applicable school levels.*

Options	High School	Middle School	Elementary School
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐
☐ Other *Specify*	☐	☐	☐